

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	897	5/7/01
RESPONSE FORMALITY REVIEW	Q	50906	05-25-01
			08/20/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	4/28/02
2	5/11/02
3	5/11/03
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Claim	Date
Final Original	
51	5/11/02
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet her

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BEST AVAILABLE COPY

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 03/20